

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

July 19, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Applebee's Neighborhood Grill & Bar requesting that Margaret Stine be approved as the manager of the following class I liquor licenses.

3730 Village Drive
6100 'O' Street
3951 North 27th Street
1133 'Q' Street

Background information on the applicant is as follows:

Margaret Stine was born in Hawarden, Iowa. She attended the University of South Dakota graduating in 1991.

Margaret Stine employment history is as follows:

July 04 - Present	Vice President, Applebee's	Lincoln, NE.
1991 - 2004	Attorney, Harding, Shultz & Downs	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Applebee's

☒ Manager ☐ Owner ☐ Other _____

Name: MARGARET STINE (Maggie)

US Citizen ? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations ? ☒ No ☐ Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No ☐ Yes
Explain _____

Is spouse qualified to hold a license ? Yes ☐ No ☒ N/A

How is applicant if not an owner to be paid ? ☒ Salary ☐ Hourly

How many hours will applicant be at the establishment ? 60 + 1 per week per store

Any other employment ? ☒ No ☐ Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes ☐ No

Any criminal convictions ? ☒ No ☐ Yes
Comments _____

Is applicant a property owner in Lincoln ? ☒ Yes ☐ No

Is applicant involved in any civil litigation ? ☒ No ☐ Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

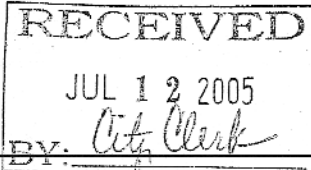
Comments _____

Interview Date 7 / 19 / 05

Sept 8, 2005 RCH CLASS



Dave Heineman
Governor



8-15-05
STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

July 11, 2005

A5-076196

47

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The corporation Concord Neighborhood Corporation has submitted the enclosed Application for Corporate Manager. The establishment has the following liquor license(s) Class I #34470. The applicant's name is Margaret E Stine.

Please present this application to your City/County Council and return the results of the action taken to our office. If you have any questions or comments, please give me a call at (402) 471-4881.

Sincerely,

Jackie B. Matulka
Licensing Division

Enclosure

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Local-jbm

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Concord Neighborhood Corporation *

Class & License number

34470 Class I *

Trade Name of Licensed Premise

Applebee's Neighborhood Grill & Bar *

Street Address of Licensed Premise

6100 "O" St., Unit C-318 *

City

Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Stine, Margaret E. Schiefen *

Sex *

F

M

☒

☐

Social Security Number

_____ *

Date of Birth

_____ *

Place of Birth

Hawarden, IA *

Home Street Address

6840 Shadow Ridge Road *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68512 *

Home Telephone Number

402/420-2028 *

Business Telephone Number

402/421-2551 *

Drivers License Number

_____ *

State

NE *

RECEIVED

JUN 23 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Stine, Thomas Earl

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Mechanicsburg, PA

RECEIVED
JUN 23 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒

☐

See attached

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐

☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☒

☐

Tom Stine -- Took STOP Class for 1998 speeding ticket
(see attachment re law violations)

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒

☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒

☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Lincoln, NE (6840 Shadow Ridge Road)	9/02	Now
Spouse: City & State		
Same		

	Year	
	From	To
Applicant: City & State		
Lincoln, NE (2300 Philadelphia Drive)	1/94	9/02
Spouse: City & State		
Same		

RECEIVED

JUN 28 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

	Year	
	From	To
Name of Employer		
Concord Enterprises	7/04	Now
Name of Supervisor		
Larry Bird		
	Telephone Number	
	(402) 421-2551	

	Year	
	From	To
Name of Employer		
Harding, Shultz & Downs	12/91	7/04
Name of Supervisor		
	Telephone Number	

None

(402) 434-3000

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)

) SS

COUNTY OF LANCASTER)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Margaret Stine
Signature of Applicant

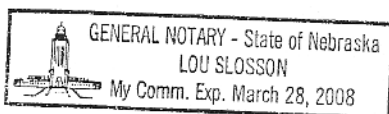
[Signature]
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
23 day of June 2005

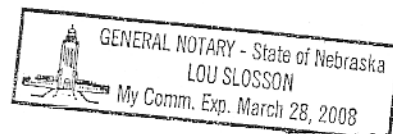
Subscribed in my presence and sworn to before me this
23 day of June 2005

Lou Slosson
Notary Signature & Seal

Lou Slosson
Notary Signature & Seal



Verify and Print



FORM 55-4013
REV. 2/01

QUESTION NO. 1 — Law Violations

Margaret E. Schiefen Stine

June 1989 — Speeding, Cumming County, Nebraska

May 1998 or 1999 — Speeding, Winnebago Nebraska

2000 or 2001 — Speeding in Lincoln, Lancaster County, Nebraska

September 2003 — Parking ticket — Lincoln, Lancaster County, Nebraska

Thomas Earl Stine

1998 — Speeding, Lancaster County, Nebraska — Took STOP Class

2000 — Speeding, Dodge County, Nebraska

RECEIVED

JUN 23 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

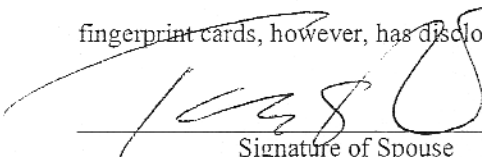
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

RECEIVED

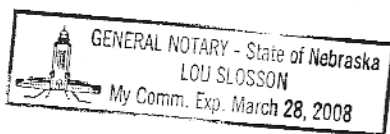
JUN 28 2005

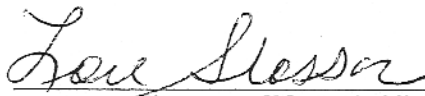
NEBRASKA LIQUOR
CONTROL COMMISSION



Signature of Spouse
Thomas E. Stine

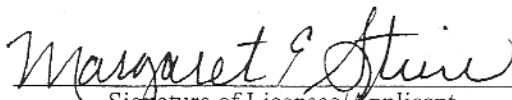
SUBSCRIBED in my presence and sworn to before me this 23 day of June, A.D., 2005.





Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

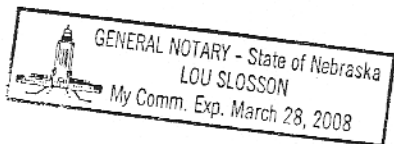


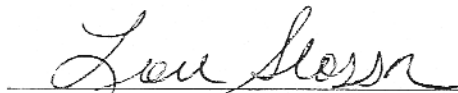
Signature of Licensee/Applicant

Margaret E. Stine

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 23 day of June, A.D., 2005.





Signature of Notary Public

FORM 35-4178
REV 2/01